

A COVID-19 Theory I Cannot Prove

Larry Romanoff • March 13, 2022 • 5,200 Words • 150 Comments • Reply : 30-38 minutes : 3/12/2022

For background, the sudden appearance of this virus – at first apparently epidemic, then apparently pandemic, aroused my suspicions from the first day. Responding to those suspicions, I followed and documented all the developments from Day One.

First, I recorded the dates on which each country announced its first domestic (indigenous) infection, those not transferred by travel to or from China, not arising from external contact. These were local infections which had no connection to Chinese nor to foreign travel; thus, by definition, they originated inside the country. I recorded as well the specific locations within a country of these ‘domestic’ infections, in every case where that information was available. In particular, I searched for all cases with outbreaks in multiple locations, especially where these outbreaks were simultaneous.

I also recorded whether any of those nations were able to identify a patient zero: they were not. To my best knowledge, no country was able to identify a patient zero, and I found scant evidence that any country except for China had even attempted that search. Italy was one determined exception, but there were few of these. The US in particular ignored the prospect and refused to discuss it.

Finally, beginning on the first day, I recorded the new tally of daily infections and deaths by country for about the top 125 countries. I gathered the raw data from original sources where possible, relied on websites like Worldometers and others, and I recorded in Excel files those new infections and deaths every day for more than two years now.

That persistent long-term data collection provided what I would term “a reasonable feel” for what has been happening and for what is still happening today. In particular, I believe it is true that familiarity with those data and their daily changes permits one to see anomalies in the data and the events that would not be apparent to a casual observer. Also, recording and sorting those data by continent makes apparent some major trends that might not otherwise be obvious.

As one example the US media trashed China’s low data points as ‘lying Communist propaganda’ and refused to discuss it since. But in fact, almost all of Asia had generally very low infection and death rates, and Africa was even much lower. The US, much of Western and Eastern Europe and some other selected countries, had infection rates as high as 30% and 40%. Asia, with some exceptions, was around 1% or 2%. Infection rates in Africa, with some exceptions, were mostly around 0.1%, 0.2%, 0.3% ... None of this information reached a Western audience. The US death toll is now at 1,000,000, while China hasn’t had a death for two years, the total still at 4,600 (thanks in large part to TCM). No evidence the NYT or WSJ shared this news with Americans. European media were silent as well.

One comparison I like to make is that of Shanghai with Canada. This city – my home – of ≈25 or 30 million is only two hours from Wuhan and had no time to prepare, but reacted so quickly and thoroughly (with a plan that must have existed and been well-rehearsed), that the city had only a few hundred infections and only six or seven deaths. In less than two months, Shanghai was back to normal (with the exception of us wearing masks on the Metro). No masks, no mandatory vaccinations, no vaccine passports; everything was open and life has been normal for nearly two years. People in Shanghai generally love their government, and trust it, with good reason.

Canada, with a population a bit larger than that of Shanghai, 10,000 Kms. distance and with months to prepare, had nearly 3.5 million infections and nearly 40,000 deaths. After two years of bungling fascism by a child-Prime Minister and incompetent government, I’m told life is still a mess and that some useful percentage of the population are so fed up they would happily contemplate a popular revolution.

The Theory

However, to the point at hand. The theory being examined here is that COVID-19 may have been deliberately released not only in China but in all countries, that the source of the pathogen was the US bio-weapons labs scattered around the world, and that the transmission mechanism was US military bases. The evidence for this theory is largely circumstantial, is admittedly spotty and some of the threads are quite thin. Nevertheless, these shortcomings do not of themselves negate the possibility so let’s look at what we have. I would add here that Ron Unz has written a number of flawless articles on this

topic; my only point of disagreement is that I don't see COVID-19 as a "China-only" enterprise that somehow escalated out of control. My personal conviction is that the entire world was the target from the outset.

The Causes for Suspicion

1. The Shut-Down of Fort Detrick

I needn't dwell on this here, but the facts of Fort Detrick, its litany of pathogen leakages, and all the media and other reports of strange respiratory illnesses surrounding this biological hell, have never been properly addressed and thus many suspicions continue.

2. The Wuhan Military Games

Similarly, this aspect has been covered adequately in many places. I would add only that there are media and other reports of many athletes becoming quite or very ill immediately prior to and during the games in Wuhan. The respective militaries either express surprise or deny these claims and the governments profess no knowledge, while the athletes continue to give media interviews documenting their illnesses. They can't all be telling the truth; either the militaries or all the athletes are lying to hide something.

3. The Location and Timing of the Initial Outbreak

As you know, the virus first emerged in Wuhan virtually on the eve of Chinese New Year. Wuhan is one of China's major transportation hubs, and tens of millions would have been travelling from or through this city to every part of China. If the virus had been caught a week or two later, it would have spread uncontrollably throughout the entire country with potentially one billion infections that would have overwhelmingly crushed the nation's healthcare system, with a devastating effect on the economy, setting China back 20 years.

If I were a contagious pathogen wanting to do the maximum damage to China, I could not do better than to release myself in Wuhan on the eve of Chinese New Year. This is too much to be dismissed as a coincidence; in my view, this requires an intelligence.

4. The virus in China was Chinese-Specific

This fact has not received the attention it deserved. For months, I watched carefully every infection report from not only China but many other countries, and all initial infections everywhere were of ethnic Chinese. It was disturbing that the Western media seemed to be deliberately obscuring this fact. At one point the US media loudly reported the "first American infected in Wuhan", but this was an ethnic Chinese woman with an American passport. It was the same in many countries: "Australia reports the first local infection", but again this was an ethnic Chinese, who travelled from Wuhan. There were many of these; I tracked them all down and each was the same.

Inside China, there were no foreigners (Caucasians) infected during the first few months. Every infection I could identify was of an ethnic Chinese. The only quasi-exception was an American man in Wuhan who claimed he had been infected but cured himself with some Vitamin C tablets and a bottle of scotch. The first documented exception was where some Chinese attending a business meeting in Germany (in March, I believe) apparently infected several Germans. After that, infections became widespread.

The media treatment was a special concern because I recalled the same had occurred during SARS – which was 99.5% Chinese-specific. The US media tried especially hard to obscure this, claiming in one instance, "40 Canadians infected with SARS". I tracked those down and it seemed that about 37 of them were ethnic Chinese who had returned from Hong Kong and the remainder were ethnic Chinese healthcare workers in Canada who became infected by them.

5. The Chinese Version was Deadly

This fact also received no media attention and few are aware of it even today. The initial death rate in China from COVID-19 was around 15%. It was only the exceptional actions by the Chinese medical authorities, and the widespread application of Traditional Chinese Medicine (TCM) that brought this down to about 5% – still one of the highest in the entire world. Most of North America, Europe, Asia and Africa are around 1%. China was definitely whacked with something serious, and I would suggest it was designed that way.

6. Infections in Iran

The second country to be hit was Iran in the middle of February and, as Ron Unz has pointed out many times in his podcasts and articles, not simply Iran but the holy city of Qom. And not only Qom but specifically the Iranian legislature where a high percentage were infected and more than a few died. This was confirmed as a totally different strain from that

in China, and possibly Iranian-specific. That means the virus did not travel from China to Iran, but was delivered from another source. You can speculate as to the source and delivery method. It seems Providence can be so accommodating sometimes. The two countries the US wanted most to destroy were the two infected first, and both with a rather deadly concoction.

7. The Distribution Pattern

A curiosity that caught my eye was that after leaving China and hitting Iran, the virus apparently attacked the entire rest of the world in two swoops. I cannot understand why no one has addressed this, because it is begging for explanation. In the first case, 25 countries reported their first “domestic” infection within a few days centered on January 25, 2020. If we allow for time zones and the International Dateline, these were all reported on essentially the same day. Then, in early March (in one essay I stated late February; that was incorrect), another 85 countries reported their first domestic infection, many on the same day or within a few days. You can check this yourself here: [1]<https://www.clinicaltrialsarena.com/features/coronav...ected/>

How can this be? Travel cannot account for this and, in the absence of travel, a local Chinese population is irrelevant to transmission. Further, a natural virus hasn’t the ability to infect 85 countries on all continents more or less simultaneously. Moreover, those 85 countries were not all infected with the same variety of the virus and, even more curiously, many of those countries reported multiple simultaneous outbreaks. Equally curious, these 85 countries reported their discovery almost on the same day. It seems to me such a thing could happen only if it were organised and following a script. I leave it to you to identify the organiser. But again, this cries out for explanation.

Experts on biological weapons are in unanimous agreement that eruptions in a human population of a new and unusual pathogen in multiple locations simultaneously, with no clear idea of source and cases with no proven links, is virtually prima facie evidence of a pathogen deliberately released, since natural outbreaks can almost always be resolved to one location and one patient zero. But with COVID-19, not one country out of 200 has been able to do this. And, if multiple simultaneous locations in one country (with no identifiable source) constitute proof of a deliberate biological attack, then surely simultaneous outbreaks in 85 countries (with no identifiable source) would be the same.

8. Another Look at “Waves”

Next, the regular ‘waves’. I have attracted some disagreement on this, but I see no flaws in the reasoning so I will repeat: There is almost no evidence of any past epidemic or pandemic ever occurring in multiple successive waves. Some refer to the 1918 pandemic, and the CDC claims it manifested in ‘three waves’, but that one was an anomaly, the spread of which was greatly affected by troop movements and other factors and doesn’t qualify as a natural occurrence. It is also possible, and perhaps even very likely, that this was a result of Rockefeller’s meningitis vaccination gone awry, [2]<https://www.unz.com/lromanoff/the-1918-rockefeller-u...demic/>

The 1918 Rockefeller-US Army Worldwide Pandemic

and even Fauci has acknowledged that the deaths were caused by a bacterial infection as evidenced by the thousands of autopsies. I think this one is a non-starter as evidence of ‘waves’.

Besides this, after much searching, the only evidence I could find of multiples successive ‘waves’ in any epidemic were two references to a swine flu that exhibited a ‘resurgence’ after five or six months. There wasn’t much detail, and I couldn’t locate reliable daily infection statistics, so no conclusion is possible. But aside from these examples, I was able to find no credible evidence of multiple waves during any past epidemic. Perhaps I have missed something important and, if so, perhaps a reader could point me to a credible source of hard data (not speculation or opinion). The point of course, is that COVID-19 stubbornly manifested itself in five or six ‘waves’ in almost every nation, apparently an historical first. This also begs explanation, but the so-called authorities refuse to address it. This is stunning; an apparent once-in-a-lifetime medical occurrence, yet no medic and no media outlet will touch it.

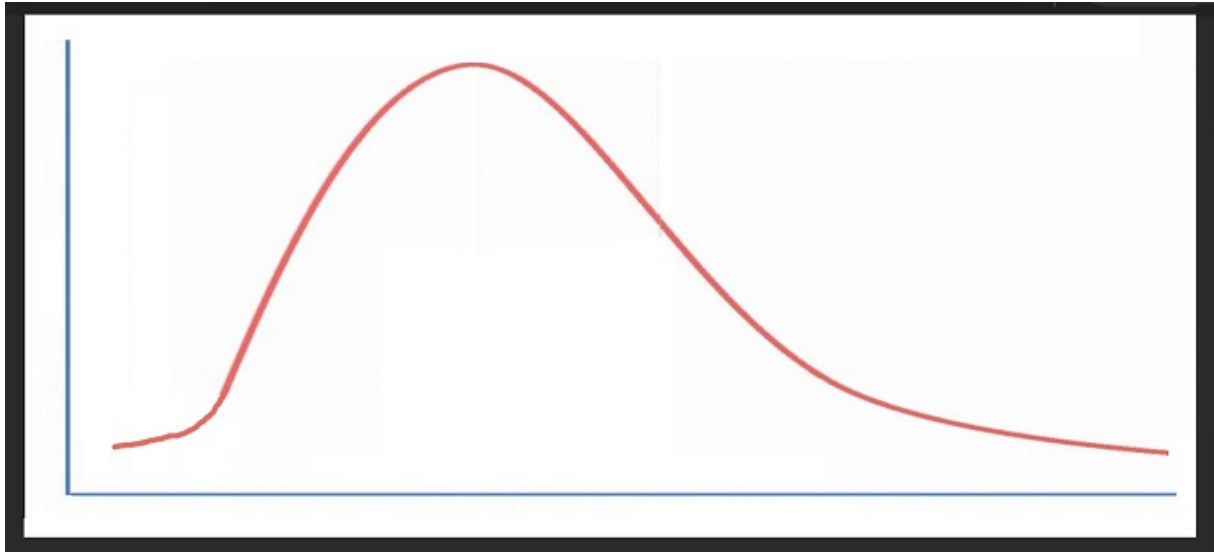
On this note, it bothered me greatly that the Western media were already promoting the prospect of “a second wave” when the first had barely appeared. Again, I could find nothing in the history of epidemics to arouse such an expectation and, if it had never occurred before, why would all the media – unanimously – be suddenly preparing our expectations for a second, third, and even a fourth wave? If my reasoning is correct, this could have come only from prior knowledge of intent. There is no other possibility, and we do have some hard evidence that at least a few of these “waves” were not accidental.

9. Waves and Strains

I had long suspected but couldn’t find proof, that subsequent “waves” were not of the same virus strain, that each new wave in each country was a different version of the virus. I now have some proof from two countries who claim that at least

two successive waves were not of the same kind, sufficient to theorise that in the various countries each successive “wave” may have consisted not of the same strain or a ‘variant’ with a minor or trivial mutation, but a new release of a different strain altogether. If this can be confirmed, there will be no longer any question that all these different “waves” were deliberately seeded. No other explanation would be possible because different strains could not create themselves from nothing. They would have to be extraneous and superinduced.

10. Normal Infection Patterns



According to all of science, and confirmed strongly by the US CDC, [3]<https://www.cdc.gov/csels/dsepd/ss1978/lesson1/secti...1.html> an outbreak of a pathogen begins from a single central source, slowly gains some traction, then expands rapidly, reaches a peak, then slowly tails off and dies, essentially following a skewed Bell curve as in the diagram. Worthy of particular note is that when the epidemic dies out, it dies out. It does not have repeated resurrections, nor successive reincarnations in a different form (strain).

From historical evidence it seems impossible that subsequent “waves” would continue to reincarnate by some natural process. When it’s dead, it’s dead. Except for COVID-19, apparently. Think about that. This fact, coupled with the prospect of each successive wave being of a different strain, is the source of my conviction that each wave was deliberately seeded after the preceding wave had died out or was dying out.

Worthy of special attention is the fact that an epidemic infection of a new pathogen cannot go from zero to 100,000 infections on the same day. It is ‘infectious’, which means it must spread from person to person, infecting each, and thus needs time to become established and infect a core group before it can rapidly expand. No virus or bacteria can infect zillions at the same moment. Infections cannot, in nature, go straight up like a rocket. Similarly, after the peak, a pathogen infection needs time to unwind; infection rates cannot drop like a stone; they need to tail off. For the water to stop suddenly, someone has to turn off the tap. This is important, as you will see.

11. The Trouble With China

(a) China’s 6 Bio-attacks

It hasn’t been reported in the West, but China suffered a total of 6 biological attacks within two years, the swine flu and COVID-19 being only two. [4]<http://thesaker.is/propaganda-and-the-media-all-you...art-4/>

[Propaganda and the Media: All you have to do is think – Part 4](#)

There were various concentrated outbreaks of bird flu, some of very deadly pathogens, and none of which had a clear natural source. The question is, why China? The media propaganda narrative suggests China lacks sanitary cohesion, but the truth is that most countries in Asia are well below China in sanitation, India being perhaps the worst example. Logic encourages us to ask why India doesn’t have dozens of pathogen outbreaks, and why all these epidemics occurred only in China. And of course, logic also induces us to ask who has 400 biological weapons labs surrounding China and Russia.

(b) China’s Swine Flu epidemic

In 2019 and 2020, coincident with COVID-19, China was hit with a nation-wide wave of deadly swine flu, necessitating the culling of several hundred million pigs – China's main meat source. The pathogen was distributed with small drones flying over countless thousands of farms while spraying something.^[5]<http://thesaker.is/propaganda-and-the-media-all-you...art-4/>

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All of the Western media flooded their pages with claims that 'pork speculators' were responsible for this. Let's ignore facts for the moment and try to apply some logic.

First, laboratories in many countries research such pathogens, but the amounts necessary for research typically are a cupful. The volume of pathogen necessary to infect and/or kill 300 million pigs would be at least tens of thousands of liters. Where would our 'pork speculators' obtain such a huge volume of a deadly pathogen? The nearest 7-11? Wal-Mart? The only source of any pathogen in that volume would be a military bio-weapons lab where it was created for use. There is no evidence that China has any such labs but for the moment let's assume they do have. How would the pork speculators gain access to it? What do you suppose would happen if you and I went to such a military installation and said, "Good morning. We would like to buy 5,000 liters of anthrax, please." Exactly. And if the Chinese did have such a facility, they would be unlikely to supply people wanting to kill their own country's meat supply.

Perhaps more to the point, in any country, WHO would have access to these facilities and the pathogens contained therein? Only agencies of that government. Nobody else. Logic permits us to dismiss the possibility of the pathogen arising from a Chinese facility, so what would be the source? We don't have a smoking gun, but China and Russia are surrounded by 400 American military bio-weapons labs. There is no other likely source, and no other country with a likely motive or with ample experience in this area, which means the swine flu epidemic in China was either quite or very possibly a US biological weapons attack. And the media flood of 'pork speculators' was propaganda meant to pre-empt rational thought on the part of readers.

(c) Beijing's "Second Wave"

By late May of 2020, Beijing had been virus-free for nearly 60 days, then a sudden new outbreak in the Xinfadi market.^[6]<https://news.yahoo.com/beijing-closes-market-locks-d...8.html> The Western media immediately hit us with a small flood of propaganda that Beijing was experiencing its "second wave", telling us that this latest outbreak "showed how the virus can still come back as restrictions are eased". But the media went silent rather quickly with an announcement of "a groundbreaking virus tracing discovery", which was that the strain of the new virus in Beijing was the same as that in much of Europe, that this variety had never before been detected in China and was clearly an import. Dr. Daniel Lucey confirmed a Reuters report on the genetic sequencing that "the virus is from a different continent", and thus was clearly imported.^[7]<https://sciencespeaksblog.org/2020/06/14/covid-19-in...nfadi/> It was also much more contagious – and more deadly – than previous varieties.

Xinfadi is the largest fresh-food market in all of Asia, equivalent to nearly 160 football fields, with many thousands of shops. The entire market was "severely contaminated" "from head to foot" while nothing in the surrounding area was touched. It was obvious the contamination entered the market – and only the market – from a source external to China. This was an entirely new version of the virus (Type A) that had not been in China before, a much more virulent strain (at least to ethnic Chinese) and one which, had it escaped confinement, would have created a humanitarian disaster of enormous proportion. Fortunately, the authorities had not relaxed their vigilance and discovered the infections almost immediately, shutting down the market, locking down the neighborhood, tracing all the contacts, and killing it dead within two weeks with only a handful of infections.

How could a new variety of a virus travel from another continent to Beijing without leaving infections along the way? And this new virus was traveling with friends if it could infect 160 football fields in a couple of days. What would be the source of such an enormous amount of pathogen released in one place at one time? And why would it cross half of China, choosing to land on and infect only that one location in Beijing, the largest market in all of Asia with hundreds of thousands of visitors each day, while sparing every other possible victim, even avoiding shops literally across the street? That would almost require an intelligence. And a large pail. To forestall such conclusions, the Western media placed a news embargo on this topic immediately upon the facts being released.^[8]<http://thesaker.is/propaganda-and-the-media-all-you...art-4/>

Propaganda and the Media: All you have to do is think – Part 4

In this context, recall the information about a natural epidemic starting small, gaining traction while infecting a core group, then expanding. But the Xinfadi market started with totally infecting 160 football fields of shop space. This isn't done by a "patient zero", but rather by a large group carrying perhaps 1,000 liters of pathogen. How can it be otherwise?

(d) Under Attack Again

China has been virus-free for a long time, with all segments of life being normal as before, but there have been persistent attempts at outbreaks in various provinces, all of which the Chinese medical authorities have quickly quashed. All those (minor) cases were 'local' domestic infections that seemingly appeared from nowhere, with no clear source, and no patient zero was ever located. But this has now taken a more determined aspect in that China has suddenly been hit with infections in half its provinces. In its largest infection outbreak in two years, China reported nearly 3,400 new "locally transmitted" cases on one day, simultaneously in 19 regions, this huge spike described as "complicated and severe". [9]<https://www.rt.com/news/551797-china-biggest-covid-o...break/> Again, no clear epidemiology, no identifiable source(s), and no patients zero. [10]<https://www.shine.cn/news/nation/2203143079/> If you look at the graphic, China went from around zero to this in literally a week. Note the vertical spike, something natural virus outbreaks can't do.



The Chinese authorities are not dunces; if it is obvious to me that China is under attack, it is much more obvious to them. My solution would be to empty the US Embassy in Beijing of its 1,200 staff, 1,190 of whom might well be CIA operatives carrying pails.

(e) Welcome to Hong Kong

The city was at the end of its virus epidemic with only small numbers of new infections, then – and coincident with the sudden increases in the Mainland – Hong Kong was blasted with an enormous epidemic, suddenly and inexplicably reaching nearly 60,000 cases in one day, more than in all of the US and with only 2% of America's population. [11]<https://www.astroawani.com/berita-dunia/hong-kong-re...351673>

[Hong Kong reports 32,430 COVID cases, 264 deaths](#)

[12]<https://www.scmp.com/topics/coronavirus-hong-kong>

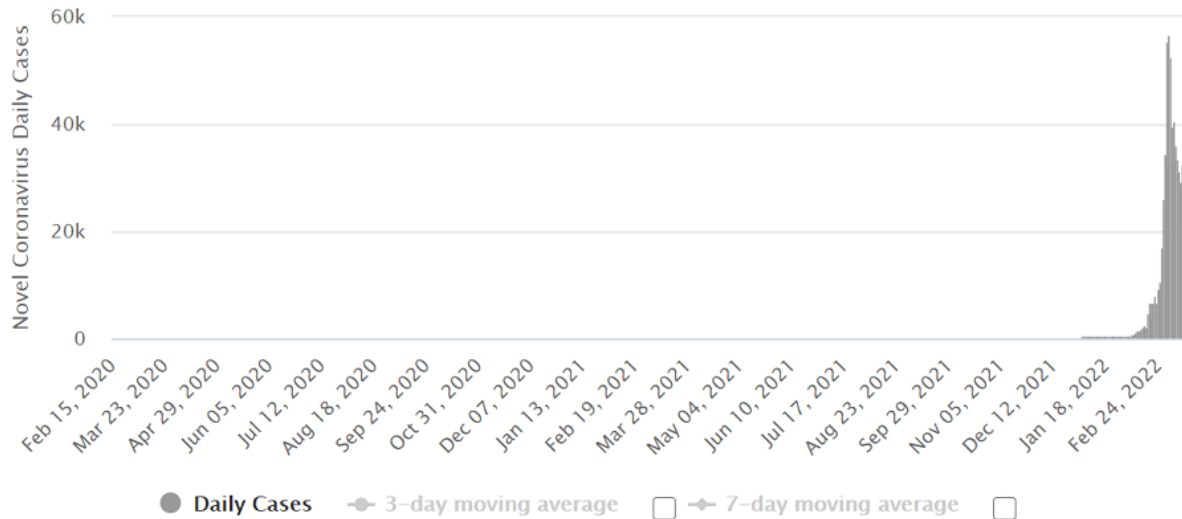
[Coronavirus case numbers won't be coming down any time soon: Hong Kong experts](#)

[13]<https://www.scmp.com/news/china/science/article/3170...95-new>

[Coronavirus: 1,337 new local cases recorded in China's 'difficult moment' of pandemic](#)

Hong Kong has open borders, making infiltration rather easy, and again no identification of the source of this massive infection spike and obviously no hope of finding a "patient zero". You will recall my observation that every new infection sequence begins small, needing time to infect a core group, and that a new infection cannot "go straight up like a rocket". Look at the chart for HK. It would seem the American war on Hong Kong is not yet complete.

Daily New Cases in China, Hong Kong SAR

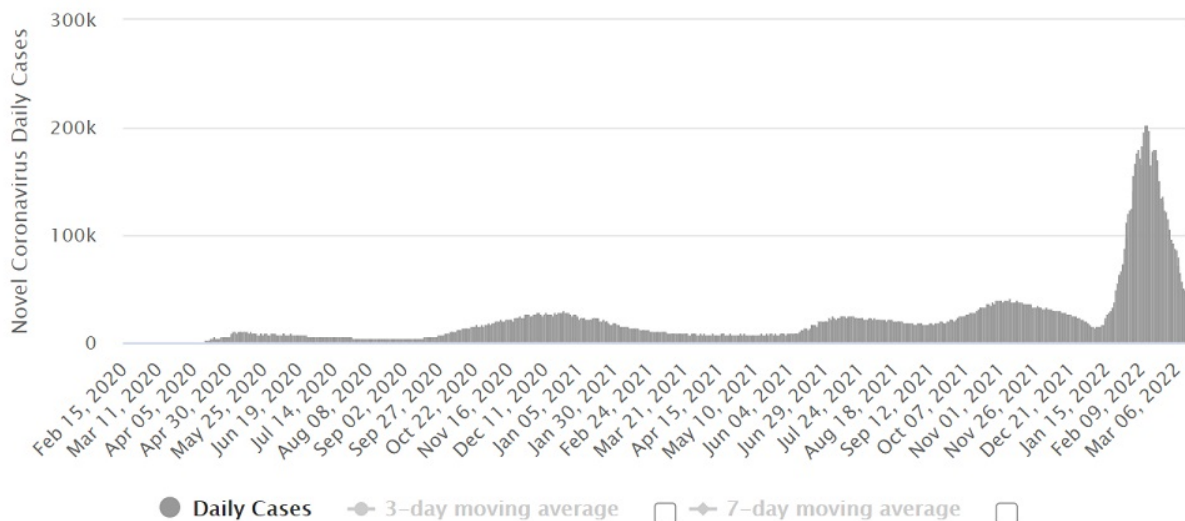


10. One Good Result of Russia/Ukraine

I watched Russia very closely, day by day, from early in 2020. For about two months, infections were stable at only a few hundred per day. Russia had implemented many containment measures and it began to appear that the virus would be a non-event. Then suddenly an explosion in April with new infections quickly rising to more than 10,000 per day, and occurring simultaneously in almost every area of the country. The infections subsided and it appeared the tail was nearing, then suddenly another explosive jump to nearly 30,000, again simultaneously in all regions. Once again, infections tapered off and it appeared the end was near, then suddenly a vertical explosion from about 15,000 to more than 200,000 new infections per day. At the risk of repeating myself, natural virus outbreaks cannot rise vertically like a rocket. There is no natural infection that manifests in this manner without human assistance.

But then something strange occurred. Just as the White House was propagating tales of an imminent Russian “invasion” of Ukraine, the new infections began to fall significantly. And on the day that Russian troops did enter Ukraine, new infections fell like a stone, by nearly 70% in one day. And, at the risk of repeating myself, natural virus outbreaks cannot fall like a stone. My guess, and I am only guessing, is that when the Russian military actually entered Ukraine, the Americans discovered they had more important things to worry about than spreading a virus. Among these would be destroying the evidence in all their bio-weapons labs in that country.

Daily New Cases in Russia

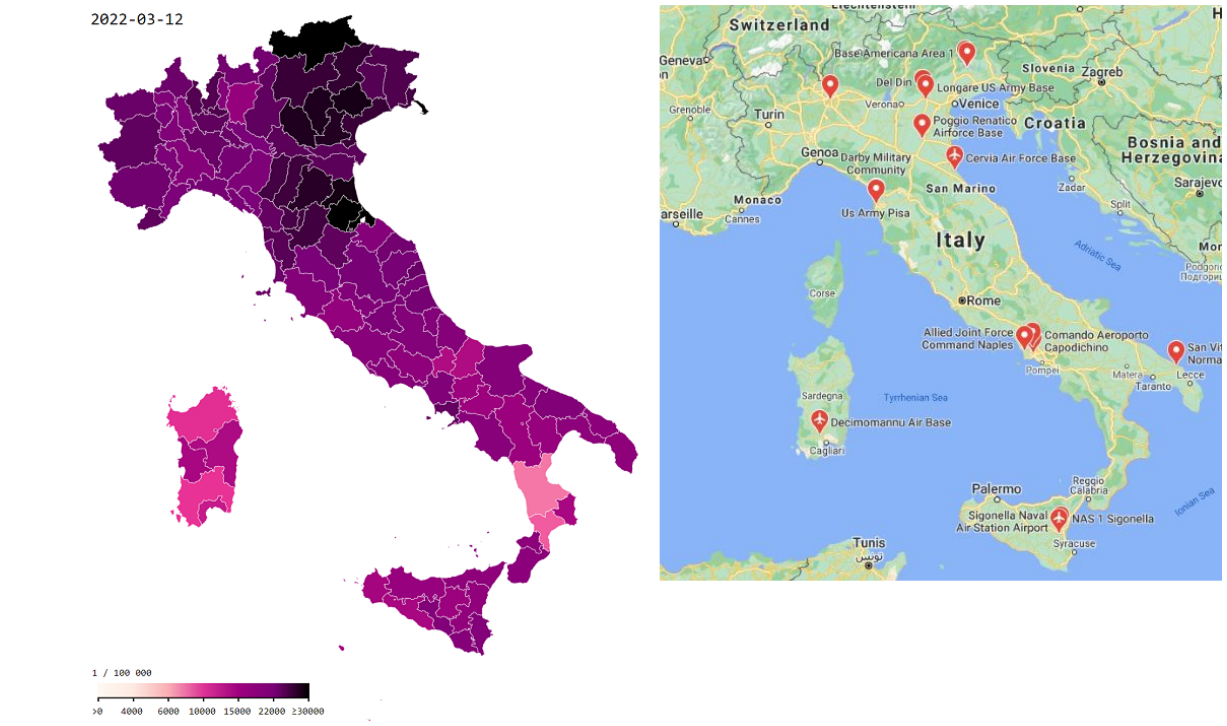


11. A Look at Italy

The theory, which I cannot prove, is that the US military bio-weapons labs have been the source of the COVID pathogen and US military bases have been the method of distribution of COVID-19 around the world, given that there are between 800 and 1,000 of them, in almost every country. The example of Russia above might provide some circumstantial evidence of this, since the long border between the two countries is quite porous, making for easy transit. And Ukraine does after all have those bio-weapons labs in proximity.

It should be noted that in every instance where the US establishes bio-labs or bases, a mandatory part of the agreement is that American personnel are not subject to domestic law. This is true also for diplomatic personnel but these latter are at least subject to challenge, to interrogation, and to deportation. US military personnel (including embedded CIA) are not even subject to challenge. Moreover, when entering a country, they do not pass through customs and immigration but instead land at military bases not even subject to air traffic control. The freedom is unlimited and the cover is perfect.

Italy is another curiosity. If we look at the two maps of Italy displaying the US military bases and the areas of the country with the heaviest virus outbreaks, they match very well indeed. South Korea is similar. I do not have sufficient information on the locations of virus outbreaks and US military bases for other countries, but I have a strong suspicion they would also coincide nicely.



12. And Now, The End

New virus infections appear to be falling in many countries – but by no means in all of them. Yet, in what appears to be a sudden and violent change of direction, nearly every country seems to be abandoning concern for this “deadly virus” and cancelling all preventive protocols.

Austria, where only a week ago police were randomly inspecting citizens for vaccination passports and arresting or fining them, now suddenly abandons them. The UK is similarly abandoning all restrictions. Canada is doing the same on a national level and each Canadian province is doing likewise; provinces planning to fine unvaccinated citizens have suddenly changed their minds. In countries around the world, but most especially the Western nations, vaccinations are no longer compulsory, vaccine passports are passé, masks are now optional, schools, restaurants and holocaust museums will be open again, and life is quickly returning to normal.

Suddenly, we are stopping everything, as if on command, and with no apparent respect for future waves seven, eight, and nine. This is distressing since I am unaware of any evidence that COVID-19 is programmed to self-destruct after only six waves.

Epilogue

I have not proven the thesis proposed at the beginning of this article. We have only circumstantial evidence, conjecture and hypothesis. The facts presented are still facts, and they definitely justify suspicion, but they are not of themselves proof of

the US functioning once again as the Bankers' Private Army in what would be a massive conspiracy orchestrated by the European Khazarian mafia. Nevertheless, my comments may provide food for thought and perhaps provoke other minds to contribute to the process. The object of course is to uncover and document the whole truth, whatever that might be.

Mr. Romanoff's writing has been translated into 32 languages and his articles posted on more than 150 foreign-language news and politics websites in more than 30 countries, as well as more than 100 English language platforms. Larry Romanoff is a retired management consultant and businessman. He has held senior executive positions in international consulting firms, and owned an international import-export business. He has been a visiting professor at Shanghai's Fudan University, presenting case studies in international affairs to senior EMBA classes. Mr. Romanoff lives in Shanghai and is currently writing a series of ten books generally related to China and the West. He is one of the contributing authors to Cynthia McKinney's new anthology 'When China Sneezes'. (Chapt. 2 — Dealing with Demons). <http://www.bluemoonofshanghai.com/politics/2187/>

His full archive can be seen at <https://www.moonofshanghai.com/> and <http://www.bluemoonofshanghai.com/>

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Notes

[1] <https://www.clinicaltrialsarena.com/features/coronavirus-outbreak-the-countries-affected/>

[2] <https://www.unz.com/lromanoff/the-1918-rockefeller-us-army-worldwide-pandemic/>

The 1918 Rockefeller-US Army Worldwide Pandemic

[3] <https://www.cdc.gov/csels/dsepd/ss1978/lesson1/section11.html>

[4] <http://thesaker.is/propaganda-and-the-media-all-you-have-to-do-is-think-part-4/>

Propaganda and the Media: All you have to do is think – Part 4

[5] <http://thesaker.is/propaganda-and-the-media-all-you-have-to-do-is-think-part-4/>

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[6] <https://news.yahoo.com/beijing-closes-market-locks-down-113540088.html>

[7] <https://sciencespeaksblog.org/2020/06/14/covid-19-in-beijing-a-new-outbreak-linked-with-large-market-xinfadi/>

[8] <http://thesaker.is/propaganda-and-the-media-all-you-have-to-do-is-think-part-4/>

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[9] <https://www.rt.com/news/551797-china-biggest-covid-outbreak/>

[10] <https://www.shine.cn/news/nation/2203143079/>

[11] <https://www.astroawani.com/berita-dunia/hong-kong-reports-32430-covid-cases-264-deaths-351673>

Hong Kong reports 32,430 COVID cases, 264 deaths

[12] <https://www.scmp.com/topics/coronavirus-hong-kong>

Coronavirus case numbers won't be coming down any time soon: Hong Kong experts

[13] <https://www.scmp.com/news/china/science/article/3170366/covid-19-china-reports-1337-locally-transmitted-cases-895-new>

Coronavirus: 1,337 new local cases recorded in China's 'difficult moment' of pandemic